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**10**

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Date: 11/14/2005  
To: Commissioner for Patents  
Location: United States Patent and Trademark Office  
Fax No.: (571) 273-8300  
From: Randall S. Vaas Registration No. 34,479  
Subject: Serial No. 10/665,024 Docket No. CM01581L

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Enclosed herewith, please find:

- ☒ Amendment (5 pages)
- ☒ Amendment Transmittal Form
- ☒ Fee Transmittal Form
- ☒ Petition for Extension of Time

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EXAMINER:	AFSHAR, KAMRAN
GROUP ART UNIT:	2681
SERIAL NO.:	10/665,024
FILED:	9/17/2003
INVENTOR:	McKee, James Scott et al.

Serial No. 10/665,024


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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ADMENDMENT TRANSMITTAL FORM		Application Number		10/665,024	
(to be used for all correspondence after initial filing)		Filing Date		9/17/2003	
		First Named Inventor		McKee, James Scott et al.	
		Group Art Unit		2681	
		Examiner Name		Afshar, Kamran	
		Attorney Docket Number		CM01581L	
ENCLOSURES (Check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Assignment Papers (for an Application)		<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition		<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Change of Correspondence Address		<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Fee Address Indication Form		<input type="checkbox"/> Additional Enclosure(s) (please identify below)	
<input type="checkbox"/> Response to Missing Parts Incomplete Application		<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Small Entity Statement			
		<input type="checkbox"/> Request for Refund			
Remarks:					

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Signature 		Date 11-14-2005			

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